MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/565310 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/					51						
2				/				52						
3				/				53						
4				/				54						
5				/				55						
6				/				56						
7			/					57						
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44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.		↓	2	↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	5	←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS			7					TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)